



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

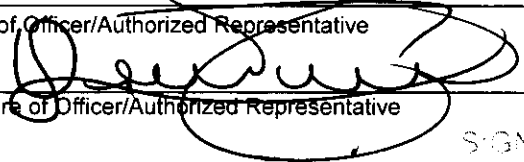
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2016 OCT - 7 PM 4:58

1. Entity ID Number 000998158		2. Exact name of the Corporation RADIO SHARON FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO BROADCAST SPANISH CHRISTIAN ORIENTATION			
5. Principal Office Address 115 CALLA STREET		City PROVIDENCE	State RI	Zip 02905	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name FRANCISCO JAVIER PERDOMO			Vice-President Name ANA M BELLIARD		
Street Address 115 CALLA STREET			Street Address 115 CALLA STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name MERKYS M PERDOMO			Treasurer Name KEILA M PERDOMO		
Street Address 115 CALLA STREET			Street Address 115 CALLA STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MERKYS PERDOMO			Director Name KEILA M PERDOMO		
Street Address 115 CALLA STREET			Street Address 115 CALLA STREET		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Director Name JENNIPHER PERDOMO			Director Name		
Street Address 115 CALLA STREET			Street Address		
City PROVIDENCE	State RI	Zip 02905	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative				Date	
				10/7/16	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

MAIL TO:


Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 07 2016

By **025-285538**

FORM 631 - Revised: 05/2016